

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	2 Serial/Patent # <b>10/522869</b>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input checked="" type="checkbox"/> Other <i>Search Fee</i>		1-28-05	\$ 100.00	
		7 TOTAL AMOUNT OF REFUND	\$ 100.00	
8 TO BE REFUNDED BY:				
<input type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: <b>9 2 3 -- 1 9 2 5</b>		
9 NO Fee Due (Explanation): <i>Fee Code Correction</i>				
10 REASON:				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u> TITLE: <u>Paralegal</u>				
SIGNATURE: <u>BAC</u>				
OFFICE: <u>PCT/DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____ DATE: _____				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B